

Greater Worcester Community Health Improvement Plan

DOMAIN 1 Healthy Eating & Active Living

Create an environment and community that support people's ability to make healthy eating and active living choices that promote health and well-being.

1.1	<p>Increase availability of and access to affordable fresh and local fruits and vegetables for low-income residents by 10% by 2015, as measured by walking distance.</p> <p>1.1.1 Strengthen, grow and coordinate existing strategies prioritized by the Regional Environmental Council of Central Massachusetts and the Food and Active Living Policy Council such as farmers' markets, urban agriculture, Cooking Matters, and Farm to School programs.</p> <p>1.1.2 Enhance and expand the Mobile Farmers' Market in seven low income/food desert communities and on college campuses in Worcester.</p> <p>1.1.3 Coordinate and lead the Mass in Motion Corner Store initiative.</p> <p>1.1.4 Advance the policy priorities of the Worcester Food and Active Living Policy Council, such as zoning regulations to promote community gardens, urban agriculture, and policies to increase physical activity.</p> <p>1.1.5 Enhance Community Gardens educational programs in alignment with a minimum of 70 community-based garden efforts.</p> <p>1.1.6 Advertise and promote the availability of food resources to low income individuals in targeted neighborhoods.</p>	1.2	<p>Identify, prioritize, and implement improvements to increase residents' access to physical activity resources by 10% by 2015 as measured by walking distance.</p> <p>1.2.1 Increase consideration of pedestrian and bicycle accommodation in routine decision making through adoption of Complete Streets transportation policy throughout the region.</p> <p>1.2.2 Establish four joint use agreements with schools in low-income neighborhoods to allow the use of both indoor and outdoor facilities by the public during non-school hours on a regular basis.</p> <p>1.2.3 Establish a district-wide Safe Routes to School task force for ongoing identification and implementation of systems, policies, and school-level changes to support increased walking and biking to school.</p> <p>1.2.4 Assess and identify priorities for improving access to existing parks and open spaces, including public works improvements and public safety enhancements as well as facilities improvements or amenities; prioritize needs based on access criteria and deliverables identified in Worcester's Open Space and Recreation Plan.</p> <p>1.2.5 Conduct a social norms campaign to define and change perceptions of violence and community safety and thereby increase utilization of community resources. (see 4.2.2)</p>
	<p>Increase the percentage of children in grade 1 who are a healthy weight by 3% by 2015.</p> <p>1.3.1 Implement professional development/education program for teachers and early childhood care providers related to physical activity to increase their awareness of its connection with learning.</p> <p>1.3.2 Advocate for policies to increase food/nutrition standards for snacks/meals at public and private preschools and kindergarten classes.</p> <p>1.3.3 Assess and explore adoption of other evidence-based obesity reduction programs such as I am Moving, I am Learning, Hip Hop to Health, and others.</p> <p>1.3.4 Advocate for recommended hours of physical education in schools.</p> <p>1.3.5 Conduct and coordinate communication, public awareness, outreach, and mass media campaign.</p>		

DOMAIN 3 Primary Care & Wellness

Create a respectful and culturally responsive environment that encourages prevention of chronic disease, reduction of infant mortality, and access to quality comprehensive care for all.

3.1	<p>Reduce non-urgent or preventable use of the emergency department by 8% by 2015.</p> <p>3.1.1 Facilitate linkages between health care systems to encourage individuals to seek a source for on-going care.</p> <p>3.1.2 Increase the number of navigators, advocates, and community health workers as a mechanism to improve culturally competent access to care.</p> <p>3.1.3 Support providers and health centers in addressing reported barriers to care such as cross-cultural barriers, transportation, office hours, etc.</p>	3.3	<p>Reduce the rate of dental caries in residents age 4-19 by 3% by 2015.</p> <p>3.3.1 Introduce and pass policy requiring school-based dental programs to provide a minimum of one screening per child per year, pre-K through 12th grade.</p> <p>3.3.2 Develop and implement a comprehensive public education campaign on the benefits of good oral health practices.</p> <p>3.3.3 Advocate for policies that decrease consumption of sugary drinks in schools, after-school programs, and youth programs.</p>
	<p>Reduce the rate of STIs in residents age 15-24 years by 10% by 2015.</p> <p>3.2.1 Develop and implement a mass media education campaign to increase knowledge about risky sexual behaviors, HIV and HIV testing, and STIs, including advertising of available resources in the community.</p> <p>3.2.2 Introduce amendments to current school policy to enable school-based health providers to offer, with parental consent, reproductive health education and STI education, screening and treatment.</p>		

DOMAIN 2 Behavioral Health

Foster an accepting community that supports positive mental health; and reduce substance abuse in a comprehensive and holistic way for all who live, learn, work, and play in the Greater Worcester region.

2.1 & 2.2	<p>Reduce the proportion of high school students using tobacco and alcohol products to below state rates between 2013 and 2020.</p> <p>2.1.1 & 2.2.1 Conduct a youth health assessment, such as the Worcester Regional Youth Survey, in schools in the region.</p> <p>2.1.2 & 2.2.2 Implement social norms campaign to address mis-perceptions of local youth tobacco use.</p> <p>2.1.3 Integrate youth tobacco cessation resources into new settings, such as schools and health centers, to enhance intervention options.</p> <p>2.1.4 Promote policy changes around smoke-free housing and smoke-free college campuses.</p> <p>2.1.5 & 2.2.3 Enforce laws against selling tobacco products and alcohol to underage individuals.</p> <p>2.1.6 & 2.2.4 Explore media literacy education options to address media glamorization of alcohol and tobacco use.</p>	2.3 & 2.4	<p>Reduce the proportion of high school students misusing and abusing prescription drugs to below state rates between 2013 and 2020.</p> <p>Prevent an increase in the rate of prescription drug and opiate overdoses between 2013 and 2020.</p> <p>2.3.1 Develop and implement a Safe Disposal Program for prescription drugs.</p> <p>2.3.2 Increase community awareness of safe use, storage, and disposal of prescription drugs through mass media campaign.</p> <p>2.3.3 & 2.4.1 Provide training to medical/dental providers on safe prescribing practices and provide them with patient education materials for distribution at their practices.</p> <p>2.3.4 & 2.4.2 Educate adolescents about normative peer use and the risks of misusing and abusing prescription drugs.</p>
	<p>2.5</p>		<p>Increase 500 key community members' understanding of mental health issues and improve gatekeepers/systems reaction to common problems by 2015.</p> <p>2.5.1 Explore models for integrating mental health education into existing curricula with public and private educational institutions.</p> <p>2.5.2 Enhance and expand training for healthcare providers (medical care providers and mental health providers) regarding emerging issues in healthcare reform and new best practices, especially regarding cooperative, integrated care approaches and alternative strategies (e.g., peer support groups) for addressing limited clinical care options.</p> <p>2.5.3 Increase connections to mental health services for vulnerable populations.</p> <p>2.5.4 Conduct a community awareness campaign and host a community summit to promote understanding of public mental health among healthcare providers and the community at large.</p> <p>2.5.5 Develop a mechanism for enhancing collaboration among healthcare providers and other related service providers regarding mental health emergency services and crisis intervention.</p> <p>2.5.6 Develop a mechanism for enhancing collaboration among the Courts, Worcester County House of Corrections, and community stakeholders to increase awareness and utilization of mental health services and community continuity resources for the incarcerated.</p> <p>2.5.7 Train front line workers in mental health crisis response to increase the capacity of front-line agencies (e.g., schools, law enforcement, emergency responder, clergy, etc.) to identify and handle emergency mental health issues.</p>
2.6	<p>Improve the assessment of regional mental health needs in order to increase continuity of care among vulnerable populations by 2020.</p> <p>2.6.1 Conduct a regional assessment of mental health needs, especially among vulnerable populations.</p>		

DOMAIN 4 Violence & Injury Prevention

Improve safety, reduce violence and injury, and inform public perceptions by educating and mobilizing the community around effective, targeted prevention, and intervention strategies.

4.1	<p>Reduce fall-related injuries in children age 10 and under by 5% and in adults age 65 and over by 8% by 2015.</p> <p>4.1.1 Encourage practices to safe-certify homes for pediatric and elderly populations through inspections.</p> <p>4.1.2 Enhance and expand fall prevention education efforts for pediatric and elderly populations through the Mobile Safety Street.</p> <p>4.1.3 Extend the reach of existing fall prevention and balance promotion programs for the elderly.</p>	4.2	<p>Increase public safety by 3% by 2015 as measured by crime rates and perceptions of safety.</p> <p>4.2.1 Advocate for policies that support family health and stabilization, prevention domestic abuse, child neglect, bullying, and gang violence.</p> <p>4.2.2 Conduct a social norms campaign to define and change perceptions of violence and community safety.</p> <p>4.2.3 Promote the Goods for Guns program to decrease the number of guns on the street.</p> <p>4.2.4 Inventory and promote "safe zones" to support victims or potential victims of violence throughout the region.</p> <p>4.2.5 Promote Families and Children Engaged in Services (FACES) model to increase access to services such as child resource centers and community wrap-around services to address to address negative youth behaviors such as truancy and disruptive behavior.</p>
	<p>4.3</p>		<p>Reduce the rate of motor vehicle-related pedestrian, cyclist, and occupant injuries by 10% by 2015.</p> <p>4.3.1 Encourage adolescents and elderly to take appropriate driver's education and reeducation courses. Enhance existing work of the SAFE DRIVE program.</p> <p>4.3.2 Expand access to, and improve the quality of, a comprehensive driver's education program that includes parental education and involvement.</p> <p>4.3.3 Expand child passenger safety checkpoint system.</p> <p>4.3.4 Utilize traffic geo-mapping to identify pedestrian and cyclist injury hotspots and make appropriate changes in traffic patterns, crosswalk design, and signage.</p> <p>4.3.5 Increase consideration of pedestrian and bicycle accommodation in routine decision making through adoption of Complete Streets transportation policy throughout the region. (see 1.2.1)</p> <p>4.3.6 Enhance education about safe pedestrian and cyclist practices through efforts of Mobile Safety Street and other programs.</p>

DOMAIN 5 Health Equity & Health Disparities

Improve population health by systematically eliminating institutional racism and the pathology of oppression/discrimination by promoting equitable access to, and use of, health promoting resources in the community, and significantly reducing the structural and environmental factors that contribute to health disparities.

5.1	<p>By 2015, modify/implement two key, city-level public health policies that have the greatest impact on the systems that contribute to health disparities.</p> <p>5.1.1 Research and identify two public policies that broadly impact health disparities.</p> <p>5.1.2 Develop coalitions' capacity to mobilize communities and implement policy changes.</p> <p>5.1.3 Develop process to evaluate outcomes of policy implementation and plan for sustainability.</p>		
	5.2	<p>By 2015, increase the capacity of over 100 grassroots adult/youth leaders (people who have lived experience in communities with disparities) to effectively influence the development of policies that address health disparities.</p> <p>5.2.1 Assess current funding allocations for grassroots leadership development among local community orgs to establish baseline.</p> <p>5.2.2 Recruit and organize cohort of 100 grassroots leaders, including 25 youth, from key populations and sectors.</p> <p>5.2.3 Enhance and develop training program(s) for grassroots leaders to develop leadership knowledge and skills in community/systems change for public health.</p> <p>5.2.4 Connect trained grassroots leaders to key community leadership roles (e.g., in existing coalitions).</p> <p>5.2.5 Identify and secure resources to support and sustain ongoing community leadership development.</p> <p>5.2.6 Develop support structure ("Learning Community") for ongoing support, strategy development, and learning among grassroots leaders engaged in this process.</p>	
5.3		<p>By 2015, develop the capacity and will of 20 cross-sector institutions to address and eliminate institutional oppression in their own organizations.</p> <p>5.3.1 Recruit and organize a cohort of 20 health-related organizational leaders who are best poised to make a substantial impact on addressing institutional oppression in their own organizations.</p> <p>5.3.2 Identify and implement effective, evidence-based training for the cohort of 20 leaders to build the willingness and readiness to change organizational systems, structures, policies and approaches.</p> <p>5.3.3 Identify and facilitate a change process for a subgroup of 5-10 organizational leaders who can commit to addressing oppression within organizations and affecting policy.</p> <p>5.3.4 Develop a support structure/network to create a learning community among 20 organizational leaders for ongoing support and strategy development.</p>	
	5.4	<p>Ensure that each public health priority area in the CHIP identifies strategies to address oppression and the social determinants of health.</p> <p>5.4.1 Convene a forum for all priority area working groups to learn and discuss institutional racism in the early planning stage for the CHIP, including training on race relations.</p> <p>5.4.2 Ensure that each priority area working group identifies one to two strategies, including resource strategies for implementation, to address institutional oppression/racism in their priority area.</p> <p>5.4.3 Develop monitoring and evaluation plan to ensure each priority area's strategies are reported on bi-annually at minimum.</p> <p>5.4.4 During CHIP implementation, convene annual forum of partners in each priority area (learning community) to identify and share best practices for addressing institutional oppression as a root cause of health disparities.</p>	

Communications strategy

Policy change

No longer prioritized

No plans yet

Planned/Underway

Completed

Ongoing